

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2013
FORM APPROVED
OMB NO. 0938-0391

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|---|--|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 03/18/2013 | |
| NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOME HEALTH CARE CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 520 W 9TH ST JASPER, IN 47546 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| {F 000} | <p>INITIAL COMMENTS</p> <p>This visit was for the Post Survey Revisit (PSR) to the investigation of Complaint IN00123384 completed on 2/4/13, which resulted in an extended survey-immediate jeopardy.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure completed on 1/23/13.</p> <p>This visit was also in conjunction with the Investigation of Complaint IN00124437.</p> <p>Complaint IN00123384- Corrected</p> <p>Survey dates: March 14, 15, and 18, 2013</p> <p>Facility number: 000315 Provider number: 155720 AIM number: 100289030</p> <p>Survey team: Terri Walters RN TC Martha Saull RN Dorothy Watts RN</p> <p>Census bed type: SNF/NF: 52 total: 52</p> <p>Census payor type: Medicare: 3 Medicaid: 39 Other:10 total: 52</p> <p>Providence Home Health Care Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR</p> | | | {F 000} | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| {F 000} | Continued From page 1 to the Investigation of Complaint IN00123384. Quality review completed on March 20, 2013, by Jodi Meyer, RN | {F 000} | | | |